PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10796644

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			25]	RATE	FEE	7	RATE	FEE
F	OR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
ΤŒ	OTAL CHARGE	ABLE CLAIMS	25 minus 20=		* 5			X\$ 9=		OR	X\$18=	90
IN	DEPENDENT C	CLAIMS	J m	inus 3 = `	* 0		·	X43=		OR	X86=	1
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	
*	the difference	e in column 1 is	less than ze	ess than zero, enter "0" in				TOTAL	 -	OR	TOTAL	860
CLAIMS AS AMENDED - PART II											OTHER	THAN
_	(Column 1)			(Colum		(Column 3)		SMALL	,	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	·	OR	X\$18=	
AME	Independent	*	Minus	***	Ö: AUA	-		X43=		OR	X86=	·
<u> </u>	FIRST PRESE	ENTATION OF MI	ULTIPLE DEF	PENDENI	CLAIM			+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL	
	(Column 1) (Column 2) (Column 3)									,	ADDIT. FEE	
		CLAIMS		HIGHE	ST		1	I	ADDI-	l f		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=.	
	Independent	*	Minus	***	01.411.4	-		X43=		OR	X86=	
<u></u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL		OR ,	TOTAL	
		A	DDIT, FEE L			ADDIT. FEE L						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIOU PAID F	ST ER USLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE	
		nber Previously Paid					r foun	d in the appr	opriate box	in colu	ımn 1.	